3/7/00

INDUSTRIAL 120-47
8110 8115 8120 8205
JAN 8 2001

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

SECTION A

1. Company Name Materials Processing Technology, Inc.
2. Permit Number if applicable: 272000 14-2
3. Location: 95 Prince Street
   Paterson, NJ Zip Code: 07501
4. Mailing Address 95 Prince Street
   Paterson, NJ Zip Code: 07501
5. Person to contact concerning information provided in this application:
   Name of Contact Official: Leonard Larcara
   Title: Vice President, Operations Phone No. EXT 712 (973)279-4132
   Address 95 Prince Street, Paterson, New Jersey Zip code 07501
6. Number of Employees – Full Time: 65 Part Time: N/A
   Number of Work Days Per Year: 264
   Number of Shifts Per Day: 3
7. If property is owned indicate block and lot number(s):
   N/A
   Assessed Value: _____ 19 _____
8. If property is rented indicate name and address of owner:
   420 Grand Street Urban Renewal Association
   233 Central Avenue, Hawthorne, New Jersey 07506
   Total square feet rented: 26,000 sq. ft.
9. List NJPDES Permit Number if applicable, N.A.
   and
   Name of receiving Body of Water entered _____

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased	(Y) N		
Well	Y (N)	If Y, is it metered	Y - N
River	Y (N)	If Y, is it metered	Y - N

11. Name of purchased water supplier: Passaic Valley Water Commission

List all Account #'s: 122777-97962

12. Water Received: From Mo. 12 Yr. 99 Through Mo. 11 Yr. 2000

(* Next to a figure means it is estimated).

	PURCHASED	WELL	RIVER	TOTAL
1st Qtr.	353,056	N/A	N/A	353,056
2nd Qtr.	400,928	N/A	N/A	400,928
3rd Qtr.	421,124	N/A	N/A	421,124
4th Qtr.	379,236	N/A	N/A	379,236

GRAND TOTAL 1,554,344

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/Ditch	Gallons Used Other
Sanitary service only	312,406	N.A.	
Process waste waster	846,974	N.A	
Cooling water	N.A.	N.A.	
Evaporation			388,460
Contained in the product			6,510
Other (describe)			N.A.

GRAND TOTAL 1,554,344

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N	N/A
To the Combined Sewer	(Y) - N	
To the Storm Sewer	Y - N	N/A
River or Ditch	Y - N	N/A

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility. NONE

Contractor	Address	Icc #	Waste type handled

SECTION C

OPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous NO

or intermittent Yes each operating day.

If the discharge is intermittent, it occurs between the following hours: Varies

17. Brief description of Manufacturing or other activity performed: Pharmaceutical, Nutraceutical food, and specialty chemical manufacturer

List SIC CODE #: 2834

18. Principal Raw Materials used: Acetaminophen, starch, povidone, guiafenisin, glucosamine, chondroitan.

19. Principal Products or Services: over the counter analgesics and nutraceuticals

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: NONE

Does this facility shutdown for vacation(s)? Yes If so, is it basically the same time each year. Yes Provide dates usually shutdown week of July 4

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 27200014-1 NONE

Outlet 27200014-2 NONE

Outlet

22. Sampling information:

Outlet	Contains Industrial Waste	Sampler Type	Refrigerated
27200014-1	Yes	composite	Yes
27200014-2	Yes	composite	Yes

SECTION E

ANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. _____

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	**Parameter**	**Value**	**Code**	**Parameter**	**Value**
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.

(2) See instructions.

(3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION D (continued)

23. Volume Information:

Outlet	Daily Flow (Gallons)	Metered (Y - N)	Type	Date
27200014-1	739,610	N/A	N/A	N/A
27200014-2	316,976	N/A	N/A	N/A

24. Frequency of calibration of each flow meter: Meters are maintained by water utility.

25. Attach plot plan of the property showing:

(a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);

(b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).

(c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E (continued)

Samples collected by: AL Quiam

Date: _____

Sample analyzed by: Wastex Date: _____

Products being manufactured when sample was collected: Glucosamine, Acetaminophen,

27. Who performs the analyses of the samples for User Charge?
Wastex Industries Incorporated
NJ DEP 77371

28. Is the Laboratory certified by NJDEP to conduct all the analyses? (Y) - N _____

29. Who performs the analyses of the samples for the Pretreatment Parameters?
Wastex Industries Incorporated

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?
(Y) - N _____

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F

PRETREATMENT

32. Industrial Category: Pharmaceutical - Part 439

Subpart (s): D

33. Compliance date(s): N/A

34. Is facility in compliance? _____ If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: N/A

36. Compliance schedule submitted: N/A

If yes is facility on schedule? _____ Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?

If yes, describe NO

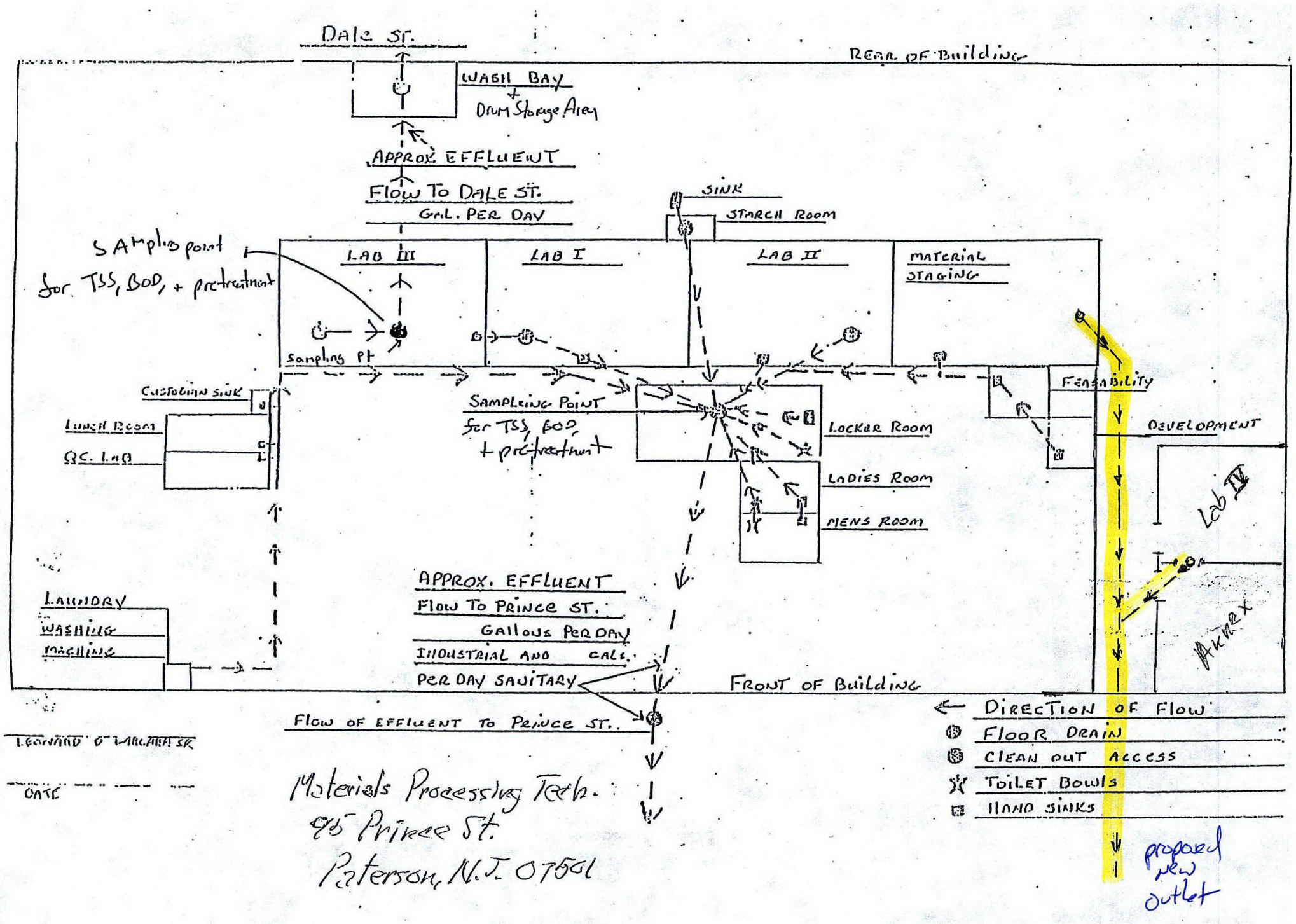
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?

If yes, describe N/A

39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - (N)

40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: _____

Is there any plan to discharge groundwater?



CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: Leonard O. Larcara, Jr.

Print Name

TITLE: V.P. Operations

January 4, 2001

DATE

Leonard O. Larcara

SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

a. Principal Officer of Corporation

b. President or Owner of Company

c. General Partner if a Partnership

d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
Acenaphthene				✓	2,4 dimethylphenol				✓
acrolein				✓	2,4 dinitrotoluene				✓
acrylonitrile				✓	2,6 dinitrotoluene				✓
benzene				✓	1,2 diphenylhydrazine				✓
benzidine				✓	ethylbenzene				✓
carbon tetrachloride (tetrachloromethane)				✓	fluoranthene				✓
					4-chlorophenyl phenyl ether				✓
chlorobenzene				✓	4-bromophenyl phenyl ether				✓
1,2,4-trichchlorobenzene				✓	bis(2-chlorosispropyl) ether				✓
hexachlorobenzene				✓	bis(2-chloroethoxy) methane				✓
1,2 dichloroethane				✓	methylene chloride(dichloromethane)				✓
1,1,1 trichlorethane				✓					
hexachloroethane				✓	methyl chloride (chloromethane)				✓
1,1,dichloroethane				✓					
1,1,2 trichloroethane				✓	methyl bromide (bromomethane)				✓
1,1,2,2 tetrachloroethane				✓					
chlorethane				✓	bromoform(tribomomethane)				✓
bis(chloromethyl) ether				✓	dichlorobromomethane				✓
Bis(2 chloroethyl) ether				✓	trichlorofluoromethane				✓
2-chloroethyl vinyl ether mixed				✓	dichclorodifuoromethane				✓
2-chloronaphthalene				✓	chlorodibromomethane				✓
2,4,6, trichlorophenol				✓	hexachlorobutadiene				✓
parachlorometa cresol				✓	hexachlorocyclopentadiene				✓
Chloroform (trichloromethane)				✓	isophorone				✓
2 chlorophenol				✓	naphthalene				✓
1,2, dichlorobenzene				✓	nitrobenzene				✓
1,3, dichlorobenzene				✓	2-nitrophenol				✓
1,4, dichlorobenzene				✓	4-nitrophenol				✓
3.3. dichlorobenzidine				✓	2.4-dinitrophenol				✓
1,1,dichloroethylene				✓	4,6 dinitro-o cresol				✓
1,2 trans-dichloroethylene				✓	N-nitrosodimethylamine				✓
2,4,dichlorophenol				✓	N-nitrosodiphenlamine				✓
1,2, dichloropropane				✓	N-nitrosodi-n-proplyamine				✓
1,3, dichloropropylene				✓	pentachlorophenol				✓
(1,3 dichclor propene)				✓	phenol				✓

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				✓	endrin				✓
butylbenzylphthalate				✓	endrin aldahyde				✓
di-n-butylphthalate				✓	heptachlor				✓
di-n-octylphthalate				✓	heptachlor (epoxide)				✓
diethylphthalate				✓	BHC Alpha				✓
dimethylphthalate				✓	BHC Beta				✓
benzo(a)anthracene				✓	BHC Gamma				✓
benzo(a)pyrene				✓	BHC Delta				✓
3,4 benzofluoranthene				✓	PCB1242				✓
benzo(k) fluoranthane				✓	PCB1254				✓
chrysene				✓	PCB1221				✓
acenaphthylene				✓	PCB1232				✓
anthracene				✓	PCB1248				✓
benzo(ghi)perylene				✓	PCB1260				✓
fluorene				✓	PCB1016				✓
phenanthrene				✓	toxaphene				✓
dibenzo (a,h) anthracene				✓	antimony(total)				✓
indeno (1,2,3-c,d) pyrene				✓	arsenic (total				✓
pyrene				✓	asbestos (fibrous)				✓
tetrachloroethylene				✓	beryllium (total)				✓
toluene				✓	cadmium (total)				✓
trichloroethylene				✓	chromium (total)				✓
vinyl chloride				✓	copper (total)				✓
aldrin				✓	cyanide (total)				✓
dieldrin				✓	lead (total)				✓
chlordane				✓	mercury (total)				✓
4,4 DDT				✓	nickel (total)				✓
4,4, DDE				✓	selenium (total)				✓
4,4, DDD				✓	silver (total)				✓
endosulfan 1				✓	thallium (total)				✓
endosulfan 11				✓	zinc (total)				✓
endosulfan sulfate				✓	2,3,7,8. tetrachlorodibenzo				✓
					p-dioxin				✓

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acrylamide				✓	n,n-dimethyl aniline				✓
amitrole				✓	3,3-dimethyl benzidine				✓
amyl alcohols				✓	1,1-dimethylhydrazine				✓
anilne hydrochloride				✓	dioxane				✓
anisole				✓	diphynylamine				✓
auramine				✓	ethylenimine				✓
benzotrichloride				✓	hydrazine				✓
benzylamine				✓	4,4-methylene bis				✓
					(2-chloraniline)				✓
o-chloroaniline				✓	4,4-methylenedianiline				✓
m-chloroaniline				✓	methyl isobutyl ketone				✓
p-chloraniline				✓	alpha-naphthylamine				✓
1-chloro-2-nitrobenzene				✓	beta-naphthylamine				✓
1-chloro-4-nitrobenzene				✓	n-methylaniline				✓
chloroprene				✓	1,2- phenylenediamine				✓
chrysoidine				✓	1,3- phenylenediamine				✓
cumene				✓	1,4-phenylenediamine				✓
2,3-dichloroaniline				✓	sudan 1 (solvent yellow 14)				✓
2,4-dichloroaniline				✓	thiourea				✓
2,5-dichloroaniline				✓	toluene sulfonic acids				✓
3,4-dichloroaniline				✓	toluidines				✓
3,5-dichloroaniline				✓	xylidines				✓
1,3-dichloropropene				✓					
1,3-dimethoxybenzidine				✓					

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acetaldehyde				✓	isopropanolamine				✓
allyl alcohol				✓	kelthane				✓
allyl chloride				✓	kepone				✓
amyl acetate				✓	malathion				✓
aniline				✓	mercaptodimethur				✓
benzonitrile				✓	methoxychlor				✓
benzyl chloride				✓	methyl mercaptan				✓
butyl acetate				✓	methyl methacrylate				✓
butylamine				✓	methly parathion				✓
captan				✓	mevinphos				✓
carbaryl				✓	mexacarbate				✓
carbofuran				✓	monoethylamine				✓
carbon disulfide				✓	monomethylamine				✓
chlorpyrifos				✓	naled				✓
coumaphos				✓	napthenic acid				✓
cresol				✓	nitrotoluene				✓
crotonaldehyde				✓	parathion				✓
cyclohexane				✓	phenolsulfanate				✓
2,4-D (2,4-dichlorophenoxy)				✓	phosgene				✓
acetic acid				✓	propagrite				✓
diazinon				✓	propylene oxide				✓
dicamba				✓	pyrethrins				✓
dichlobenil				✓	quinoline				✓
dichlone				✓	resorcinol				✓
2,2-dichloropropionic acid				✓	strontium				✓
dichlorvos				✓	strychnine				✓
diethylamine				✓	stryrene				✓
dimethylamine				✓	2,4,5-T (2,4,5-trichloro-phenoxy acetic acid)				✓
dinitrobenzene				✓	TDE (tetrachloro-diphenylethane)				✓
diquat				✓	2,4,5-TP 2(2,4,5-trichlorophenoxy				✓
disulfoton				✓	trichlorofon				✓
diuron				✓	triethylamine				✓
epichlorohydrin				✓	trimethylamine				✓
					propanoic acid				✓

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
ethanolamine				✓	uranium				✓
ethion				✓	vanadium				✓
ethylene diamine				✓	vinyl acetate				✓
ethylene dibromide				✓	xylene				✓
formaldehyde				✓	xylenol				✓
furfural				✓	zirconium				✓
guthion				✓					
isoprene				✓					

A. **KNOWN TO BE PRESENT**
B. **SUSPECTED TO BE PRESENT**
C. **KNOWN TO BE ABSENT**
D. **SUSPECT TO BE ABSENT**

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE
(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

Material Processing Technology, Inc.
Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

N/A
Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☑ Corporation
- ☐ Other (describe)
- ☐ Trust
- ☐ Joint Venture
- ☐ Non-Profit Corporation
- ☐ Limited Liability Company

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Leonard D. LaRcara Jr.
Street Address: 1420 Pippin Drive
City, State & Zip Code: Manasquan, NJ 08736
Business Telephone: (973) 279-4132 ext 7312
Emergency Telephone: (732) -223-6394

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporations's Registered Agent:

Name: 1

Company Name: Materials Processing Technology, Inc

Street Address: 95 Prince Street

City, State & Zip Code: Paterson, NJ 07501

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: NJ

Date: ~1980

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.

☐ General partnership ☐ Limited Partnership

PARTNERS: Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____

Street Address: _____

City, State & Zip Code: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____